Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY	Attorney Docket No. PC9960D						
<b>d</b> PATENT APPLICATION	First Inventor Kazu Ando						
TRANSMITTAL	Title SULFONYLBENZENE COMPOUNDS AS ANTI- INFLAMMATORY/ANALGESIC AGENTS						
(Only for new nonapplications under 37C.F.R. §1.53(b))	Express Mail Label No. EV317826779US						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450						
Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original, and a duplicate for fee processing)      Applicant claims small entity status     See 37 CFR 1.27  3. Specification [Total Pages 228]	7. CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
Specification [Total Pages 228]  (preferred arrangement set forth below)  Descriptive title of the Invention  Cross References to Related Applications  Statement Regarding Fed sponsored R&D  Reference to sequence listing, a table, or a computer program listing appendix  Background of the Invention	a. Computer Readable Copy (CRF)  b. Specification Sequence Listing on:     i. CD-ROM or CD-R (2 copies)     ii. Paper c. Statement verifying identity of above copies						
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> <li>Claim(s)</li> <li>Abstract of the Disclosure</li> </ul>	9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)  11. English Translation Document (if applicable)						
4. Drawing(s) (35 U.S.C. 113) [Total sheets]	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
5. Oath or Declaration [Total pages 3]  a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR  1.63(d)(2) and 1.33(b).	13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
6 Application Data Sheet. See 37 CFR 1.76	or its equivalent.  17. Other:						
18. If a CONTINUING APPLICATION, check appropriate box, and super in an Application Data Sheet under 37CFR 1.76.  Continuation  Continuation  Continuation  Prior application information:  Examiner Sudhaker B. P.  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the properties of the disclosure of the accompanying continuation or the incorporation can only be relied upon when a portion has been inadvertent 19.  CORRESPO	ein-part (CIP) of prior application No <u>. 10/465,767</u> atel Group/Art Unit: 1624  lor application, from which an oath or declaration is supplied under Box						
Customer Number 28523	or Correspondence address below						
Name							
Addr ss							
City State	Zip Code						
C untry T lephone	Fax						
NAME (Print/type) Martha Gamunchhof Signature	Registration No. (Attorney/Agent) 47,811						

This collection of information is required by SZ\_CFR 1.53(b). The information is required by obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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FEE TRANSMITTAL					Application Number To Be Assigend						
for FY 2004					Filing Date				Herewith		
					First	Named In	ventor		Kazuo And		
Effective 10/01/2003. Patent fees are subject to annual revision.					Examiner Name				To Be Assigned		
Applicant claims small status. See 37 CFR 1.27					Art Unit				To Be Assigned		
T tal Amount of Payment 770					Attorney Docket No. PC9960D						
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
☐ Check ☐ Credit Card ☐ Money ☐ Other ☐ None					3. AE	DITION					
Order					Entity S	Small En	tity	_			
Deposit Acco	unt:				Fee Code	Fee	Fee Code	Fee	Fee Description	Fee Paid	
Deposit Account Number	16-1445				1051	( <b>\$</b> ) 130	2051	( <b>\$</b> ) 65	Surcharge – late fee or oath		
Deposit Account Name	Pfizer Inc				1052	50	2052	25	Surcharge-late filing fee or cover sheet		
The Director is authorized to: (check all that apply)					1053	130	1053	130	Non-English specification	<u> </u>	
Charge fee(s)	indicated	below	Credit any ov	erpayments	1812	2,520	1812	2,520	For filing a request for Ex Parte reexamination	<del> </del>	
☑Charge any ac	iditional fe	e(s) or a	ny underpayment of fee	(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
			LCULATION		1251	110	2251	55	Extension for reply within first month		
1. BASIC FIL					1252	420	2252	210	Extension for reply within second month		
Larg Entity		Entity	<u>/_</u>		1253	950	2253	475	Extension for reply within third month		
Fee Fee Code (\$)	Fee Code	Fee (\$)			1254	1,480	2254	740	Extension for reply within fourth month		
1001 770	2001		Fee Description	Fee Paid	1 .						
1002 340		385	Utility filing fee	770	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340	2002 2203	170 265	Design filing fee Plant filing fee	<b>———</b>	1401	330	2401	165	Notice of Appeal		
1004 770	2004	385	Reissue filing fee	<b></b>	1402	330	2402	165	Filing a brief in support of an appeal		
1005 160	2005	80	filing fee	<b> </b>	1403	290	2403	145	Request for oral hearing		
	1			L	1452	1,510 110	1451	1,510	Petition to institute a public use proceeding		
Subtotal (1)s \$ 770						1,330	2452 2453	55	Petition to revive unavoidable		
2 EVEDA OLA	11.5550		` '	770	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Claims Fee from Fee Paid below					1501 1502	1,330 480	2501 2502	665 240	Utility issue fee (or reissue) Design issue fee		
Total Claims 15 - 20** = 0 x 18 = 0					1503	640	2503	320	Plant issue fee		
Independent $2 - 3 = 0$ $x = 86 = 0$					1460	130	1460	130	Petitions to the Commissioner		
Claims Multiple Depender	,, L	3	290	- I	1007						
Multiple Dependent 290 = 0					1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity					1806	180	1806	180	Submission of Information Disclosure Stmt		
Fee Fee	Fee	Fee	Fee Description		8021	40	8021	40	Recording each patent essions at a		
Code (\$) 1202 18	2202	de (\$)			1809	770	2809	385	Recording each patent assignment per property (times number of properties) Filing a submission after final rejection		
1201 86	2201	43	Independent claims in e	excess of 3	1810	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be		
1203 290	2203	145 Multiple dependent claim, if not paid			1801	770	2801	385	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)		
1204 86	2204	04 43 **Reissue independent claims over original patent				900	1802	900	Request for expedited examination		
1205 18	2205	9 '	**Reissue independent original patent (\$)		Other Fee (specify)						
**or number pr	eater; For Reissues, see		*Poduced by Posts Fills For Data								
SUBMITTED BY	, 3	,		Lieuace	*Reduced by Basic Filing Fee Paid Subtotal (3) (\$) 0						
Name (Printed/Type) Martha G. Munchhof						(Complete if applicable)           Registration No.         47,811         Telephone         (860)715-4288					
Simon Man Man Man						ey Agent			1101	200	
Signature		$I/I \Lambda I$	ullul.	MANA					2/3/04		

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